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An era is fast approaching, when no writer will be read and appreciated by the great majority, save and except those who can effect that for bales of manuscript, that the hydrostatic screw performs for bales of Cotton by condensing that matter into a period that before occupied a page.—COLTON.

ORIGINAL COMMUNICATIONS.

"INTERNAL DERANGEMENT OF THE KNEE-JOINT," WITH A REPORT OF TWO CASES OF REMOVAL OF THE INTERNAL MENISCUS OR SEMI-LUNAR CARTILAGE.*

BY GEORGE RYERSON FOWLER, M.D.,

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Surgeon to the Methodist Episcopal Hospital. Surgeon-in-Chief to the Brooklyn Hospital, Senior Surgeon to the German Hospital.

For many years English surgeons have been in the habit of describing certain affections of the knee-joint under the somewhat vague term of "internal derangement." The three symptoms which these affections have in common are: Sudden pain while the joint is in use, disability for the time being, and a resulting effusion in the joint.

In recent years, owing to the greater safety, and hence increased frequency of exploratory incisions into the knee joint, surgeons have been able to determine at least four separate conditions formerly grouped under this name.

The first of these is papillary synovitis. This consists of localized hypertrophies of the synovial membrane, with the formation of so-called synovial fringes. These latter generally spring from the synovial membrane where the latter joins the cartilages; exceptionally there may be papilomatous growths extending over the entire synovial surface. These fringes or papillæ consist of fibrous tissue, which, in cases in which these are long enough to become pinches between the articular surfaces are covered with thickened synoval membrane. In some instances there is a marked deposit of fat in

* Read at the 52d Annual Meeting of the Medical Association of Georgia, Augusta, Ga., April 17, 1901.

the fringes, constituting the condition known as "lipoma arborescens."

Papillary synovitis is comparatively common, and is a frequent cause of chronic synovitis. It is not confined to the knee joint, but has been observed in the other joints as well. Its etiology is extremely obscure. By some it has been considered as depending upon the same causes as rheumatoid arthritis. This, however, is very far from being proven.

The symptoms of this condition which interest us most in this connection are occasional attacks of sudden disability, accompanied by agonizing pain and followed by effusion into the joint, and tenderness upon pressure. The attacks may occur without special reference to the kind of movement at the time, and are due to the before-mentioned pinching of the synovial fringes between the ends of the bones. When the effusion is not too great, particularly when the fringes occupy the lateral pouches of the joint, these may sometimes be felt on palpation, a sensation of soft crepitation being conveyed to the palpating finger as the fringes are moved about.

The treatment consists in dissecting away the fringes, particularly at the points where they may become pinched. The results of this treatment are promising where the dissection does not involve a large portion of the synovial membrane. The more of this latter that is removed, however, the more disturbance to the function of the joint follows. In cases of complete excision, fibrous anchylosis results. This, however, in a patient who is greatly crippled by the presence of this affection is preferable to a condition involving both disability and excessive pain. In some cases improvement has followed evacuation of the effused fluid following an attack, and irrigation of the joint cavity with a mildly irritating fluid, such as a 2½ per cent. solution of carbolic acid, or a 1-2000 solution of corrosive sublimate. The fibrinous effusion following the irrigation leads to adhesions and consequent fixation of the fringes to the surface of the synovial membrane, where less harm will result from their presence. A midway course of chipping away the more prominent fringes, selecting those which are in a position to become pinched, and then irrigating the joint and instituting drainage is useful in cases where irrigation alone has failed. The limb is put up on a posterior splint for ten days, at the end of which time the drainage tube is removed permanently, the splint abandoned, and passive movements made to avoid adhesions.

Cases of loose bodies in joints likewise present a group of symptoms not unlike those already detailed, when occurring in the knee joint. A loose body may be the result of an accident, a portion of the articular cartilage being detached from the underlying bone. They usually develop, however, from embryonic cartilage cells in the synovial membrane, and spring from some projecting fold of the latter, to which they remain attached by a delicate thread-like pedicle until some accidental movement results in tearing them loose. It

would appear that they continue to increase in size, even after all organic connections with the synovial membrane have been severed.

The interference with the function of the joint varies according to whether the body has become severed, or is attached by a long or short pedicle. When entirely detached, or if the pedicle is sufficiently long to permit of considerable range of movement, it may become engaged between the joint surfaces and give rise to sudden attacks of intense agonizing pain and loss of function. The "locking" of the joint is complete for the time being, and after this has been relieved there may remain some disability for a time, and more or less effusion into the joint. Even when the pedicle does not become sufficiently elongated to permit of the loose body becoming caught between the joint surfaces, there is usually more or less interference with the movements of the limb and effusion into the joint.

The treatment consists of removal of the loose body by arthrotomy. The body should be identified before the patient is anesthetized, for the reason that it occasionally slips to the posterior portion of the joint cavity behind the femur, in which situation it will be beyond the reach of the surgeon without an unjustifiable mutilation of the joint. The patient can usually identify and fix it in a position with the finger, after which the surgeon, after a preliminary infiltration cocanization of the skin overlying the loose body, transfixes the latter with a needle and thus secures it. An incision is then made directly upon the body, the capsule opened, and the loose body extracted by means of a tenaculum forceps. If the opening in the capsule is large it may be sutured separately, and the skin wound closed. Usually, however, a suture or two in the skin suffices, or a strip of heat sterilized adhesive plaster will answer the purpose.

The joint should be subjected to passive movements as soon as the wound has healed, in order to prevent the formation of adhesions. If care is taken during the operation to prevent the entrance of blood into the joint, troublesome adhesions are not likely to form.

Another cause for the condition under consideration is detachment of the ligamenta alaria. These folds of synovial membrane lie on either side of the ligamenta mucosa as these extend from the intercondyloid fossa to the lower margin of the patella. One or both of these may be detached from their upper attachments, and lie loosely in the joint, where they may be caught between the articular surfaces and give rise to the symptoms of "internal derangement."

The treatment consists of removal through a curved incision which closely follows the inner edge of the patella, and which may be extended in an upward or downward direction if necessary. All bleeding of the skin portion of the incision should be arrested before opening the capsule. The incision should be sufficiently free to permit of exploration of the joint, in order to make sure that the symptoms are not due to either a loose body or papillary synovitis. The loose ends of the detached ligament should be cut off close by curved scissors and removed. The wound is closed and the after-treatment

conducted in the usual manner. No ill results follow the removal of these folds of synovial membrane.

Lastly, we have to deal with a fourth class of lesions of the knee joint in which the three classical symptoms already dwelt upon occur. These consist of injuries to the semilunar catilages. These injuries usually result from sudden twisting movements of the body while the weight of the latter forces the corresponding foot firmly against the ground. Lesions of the semilunar cartilages may also result from direct injury, as shown by the second case herewith presented.

The character of the injury will vary with the amount of force exercised and its direction. The cartilage may be simply rendered more mobile by overstretching of its attachments, or one or another of its connections may be torn loose. It may be the seat of fracture, either partial or complete, the line of separation running either lengthwise or crosswise of the cartilage. Finally, it may be practically detached altogether.

The internal semilunar cartilage is more frequently displaced than the external. This is due, first, to the greater frequency with which the weight of the body is thrown upon the internal condyle when rotation of the body is performed during active exercise, as for instance, in foot ball contests and games of lawn tennis; and second, to the fact that this cartilage describes only a half circle in shape, and is but indifferently secured from displacement by comparatively slight attachments to the tibia at its anterior and posterior extremities. The external semilunar cartilage, on the other hand, forms nearly an entire circle, and is prevented from slipping by its relations with the tendon of the popliteous muscle upon its outer side, where it is grooved for the passage of the latter; by its firm attachment by means of its anterior extremity to the spine of the tibia and the anterior crucial ligament, with which latter it blends; and by its attachment posteriorly behind the spine of the tibia. In addition to these attachments, which of themselves are more extensive than those of the internal cartilage, the anchorage of the external cartilage is reinforced by a strong fasciculus which passes obliquely upward and inward for insertion with the attachment of the posterior crucial ligament into the inner condyle. The posterior cornua also sends forward a narrow but well-marked slip into the posterior and lower portion of the anterior crucial ligament, and gives off from its anterior border a fasciculus which forms the transverse ligament.

Thus it will be seen that while the external semilunar cartilage possess a somewhat wider range of motion normally than the inner, its connections are such as to prevent it from exceeding its normal range of movement save under exceptional conditions. On the other hand, the internal semilunar cartilage, although less freely moveable, is more frequently exposed to conditions giving rise to injury and displacement, and at the same time its attachments are less stable and give way more readily. The circumference of each cartilage is

loosely attached inside to the joint capsule by the reflection from off its surface of the synovial membrane.

Once the cartilage has been loosened or detached the symptoms may recur upon the slightest provocation. Occasionally, following a first attack, the reaction within the joint is sufficient to lead to the formation of adhesions. These, providing the joint is kept immobilized, may suffice to fix the cartilage in its normal position. Not less than eight weeks will be required to accomplish this. Even in these cases the patient is prevented from indulging in active exercise from a well-founded fear of recurrence, which is more than likely to take place unless some form of apparatus is worn which will prevent rotation of the leg upon the thigh. This latter is cumbersome at best, and unless there are some very positive contraindications to operation, an arthrotomy for the removal of the offending cartilage should be done for the recurrent cases, since experience shows that patients do not feel the loss of these structures at all. Attempts to fix the cartilage in position will only prove futile.

The technique of the operation for the removal of the semilunar cartilage is as follows: An Esmarch's bandage is applied and the leg fixed at a right angle. An incision is made, commencing at about the level of the lower border of the patella, and extending downward, parallel with the border of the ligamentum patellæ, nearly to the level of the articular surface of the tibia. It is then curved so as to follow the latter for about the same distance in the direction of the corresponding condyle. The skin and underlying structures are then turned back in a flap and the capsule opened in the space thus exposed by a horizontal incision. The cartilage is grasped by a tenaculum, its anterior attachments severed and drawn out so as to enable the operator to reach its deeper attachments, which are divided with a blunt scissors. It is not always possible to reach these latter, in which case it will suffice to divide the cartilage itself as far back as possible.

If care has been taken to prevent blood from entering the joint the wound may be closed at once, the capsule being sutured separately with fine catgut. If blood has entered the joint this should be wiped dry with sterile gauze. Irrigation of the joint should not be practiced, nor should drains be employed since these will tend to the formation of adhesions. The limb is immobiled upon a posterior splint, with lateral splints of light bass-wood, or put up in plaster of Paris for a week, after which the ordinary gauze dressings suffice to restrain the movements of the joint as much as is required. The patient should be encouraged to move the limb as much as possible after ten days have elapsed. Should there be a tendency to restriction of flexion this should be corrected by passive movements and massage.

The following cases are offered in illustration of the operation for the removal of the internal semilunar cartilage :

Case 1.—*Slipping of the Internal Semilunar Cartilage of both Knee Joints—Papillary Synovitis of the Right Knee Joint in addition.* Miss D. B. W. consulted me upon the recommendation of my friend, Dr. St. J. B. Graham, of Savannah, Ga., with the following history: With the exception of an attack of scarlet fever and adenoids, she was a healthy child up to the age of 12, when, in stepping from the street to the curbstone a sudden pain and disability in one of the knee joints caused her to fall to the ground. Following this the knee became greatly swollen, and she was unable to walk for several weeks. In the course of the following year this happened upwards of a dozen times, first one knee and then the other becoming affected, each attack of this so-called "internal derangement" being followed by a sharp attack of synovitis, with disability lasting from one to three weeks. At 15 she wore silk elastic knee-caps, but the attacks continued without longer intervals than previously. Following this Martin's elastic bandages were worn for a time, but no improvement ensued. In time it was noticed that the left knee was the subject of attack oftener than the right, and in addition the pain and inflammation were greater, and the disability of longer duration. Both knees were never affected at the same time. In time she came to learn that the attack took place when the knee was slightly flexed, and rotated outward, the limb somewhat adducted and the weight of the body thrown partially upon the inner side of foot, particularly upon the ball of the great toe.

Different diagnoses were made in the case. She submitted to four months' treatment in the recumbent position, with the application of massage and electricity, for the purpose of avoiding a recurrence of the trouble, and the improvement of the atrophy to the limbs which had resulted from the many attacks of synovitis of the knee joint. Upon her return home from Atlanta, where this treatment was most faithfully carried out, two attacks occurred within the first week, in spite of the manifest improvement to the muscular structures of the limbs which had taken place. She now became a more or less confirmed invalid, seldom daring to venture out alone, for fear of an attack coming on in the street, and was compelled to practically renounce all social life.

In the summer of 1897 she consulted Dr. N. T. Carswell, of Macon, Ga., who correctly diagnosticated the case, and advised the operation of removal of the internal semilunar cartilages. She was very averse to accepting this advice, however, and continued to suffer from the attacks. She calculates that the latter occurred not less than six times each year, in spite of every effort and care on her part to avoid assuming the position which she had learned was the exciting cause.

At this time she came under Dr. Graham's care with malaria, who recommended her to Saratoga Springs, N. Y., and requested her while North to consult me for her knee trouble.

She visited me in September, 1900. Upon examination nothing abnormal was discoverable about the knees, effusion and reliance for the diagnosis was placed entirely upon the history as related. The conclusion was arrived at, however, that the attacks were due to slipping of the internal semilunar cartilages, and excision of both cartilages recommended. To this she finally assented, and was admitted to the Methodist Episcopal Hospital in Brooklyn, New York, for that purpose.

On November 6, 1900, the left knee was operated upon as follows: With the patient under ether the limb was rendered bloodless by means of Esmarch's bandage. The leg was then flexed to a right angle with the thigh, and while in this position an incision was made upon the inner edge of the ligamentum patellæ, commencing at a point about on a level with the lower edge of the patella, carried downward about an inch, and then curved for about the same distance toward the inner condyle. The soft parts to the capsule were included in this incision and the triangular-shaped flap with rounded corner thus marked out was dissected loose and turned back, where it was held by means of a sharp retractor. The angle and horizontal edge of the incision being well retracted, a horizontal incision was made in the capsule and the joint entered. The internal semilunar cartilage was then seized with a tenaculum and easily drawn out of its normal position, where it was but loosely attached. Its elongated anterior attachment was then severed, and, with blunt curved scissors passed along its superior surface, its posterior attachments were identified and divided and the cartilage removed. The greatest care was taken to keep the knee flexed and to prevent any blood from entering the joint during the operation.

The capsule was sutured with catgut and the skin incision with a subcuticular suture of linen thread. Sterile gauze dressings were applied, the Esmarch bandage removed, and the limb secured in a posterior splint.

The limb was kept extended upon the splint for a week, when it was redressed, the subcuticular suture removed, and the splint abandoned. Very slight reaction followed the operation, and the patient was permitted to move the joint at will after the first ten days, and to bear her weight upon it at the end of three weeks. Flexion and extension were perfect.

On December 11th the right knee was operated upon in a similar manner. Here, however, the meniscus was found to be less movable than that upon the left side. A fringe-like mass which had proliferated from the synovial lining of the joint at the site of the lower margin of the patella was found to be present, and was likewise removed.

The after-treatment was conducted upon the same general principles as that following the first operation. The reaction was slight, and the patient was soon able to walk comfortably. It was found, however, that owing to the removal of the synovial fringes, this ad-

ditional traumatism had resulted in the formation of adhesions which at first limited the flexion of the leg to a right angle. For this manipulation and massage at the hands of a Swedish masseuse were ordered.

At the time of writing she is able to take long walks with no recurrence of her former trouble.

Case 2.—*Fracture and Partial Detachment of the Internal Semilunar Cartilage of the Knee Joint.*—The patient, J. W., age 34, male, was admitted and referred to my clinic at the New York Polyclinic Hospital and Medical School, January 8th, 1901, with the history of having received a blow one year previously, a heavy iron beam falling against the inner side of the right knee. The knee was never much swollen nor did it ever entirely incapacitate him from work, but ever since the accident there has been more or less constant pain and weakness of the joint.

Upon examination a flattened, movable body was discovered on the inner side of the joint at the level of the articular surface of the tibia. This became more prominent, but less movable when the patient, resting upon the feet, would strongly flex the legs upon the thighs, and the thighs upon the abdomen (the "hunker" or squatting position); when in this position he could not rise without assistance. In the sitting position, with the leg extended and the parts relaxed, the loose body became less prominent but more movable.

A diagnosis of partial detachment of the internal semilunar cartilage was made and operation advised. The latter consisted of exposure of the tibial head by means of a curved incision over the inner side of the knee with its convexity directed forward. All the structures to the capsule were included in this incision. The flap was dissected back and the capsule opened by a straight incision, running from before backward through the middle of the space thus exposed and parallel with the articular surface of the tibia. The limb was strongly flexed throughout the entire operation, and care taken that no blood entered the joint.

The interior of the joint was well exposed by this incision, and the partially detached internal semilunar cartilage easily identified. The latter was seized upon its edge, drawn forward and inward and loosened from its remaining attachments posteriorly by means of a small pair of blunt-pointed scissors slipped into the joint and along the cartilage as a guide. The attachments of the anterior extremity had been torn loose by the accident.

The incision in the capsule was closed by a running suture of catgut, and the skin incision by a subcuticular suture. The movements of the joint were restrained for a few days by bass-wood splints, after which he was permitted to move the joint at will. In a fortnight he was able to make use of the joint and was discharged cured. At the present time he reports himself as entirely recovered as to pain and function of the joint.

The specimen removed showed a partial separation or fracture of the anterior extremity of the cartilage with a proliferation of new cartilage the size of a finger-nail in the attempt to repair.

According to Tizzoni, in case of injury to, or loss of substance of the cartilage of joints, which is not furnished with perichondrium, a fibrous connective tissue cicatrix developes, which is subsequently changed into hyaline cartilage. In this respect the processes of repair differ from that which takes place in cases of fracture of cartilage in which perichondrium is present, as, for instance, in the trachea.

In this case the newly-formed cartilage was evidently proliferating in the direction of the position of the semilunar cartilage when *in situ*, as if to supply the place of the latter, which had become detached anteriorly and forced forward and inward, as well as partially divided.

301 DeKalb avenue, corner Washington avenue.

MEDICAL SUPERVISION OF SCHOOLS AND SCHOOL CHILDREN.

By EDGAR J. SPRETLING, B.S.C., M.D.,
Forsyth, Ga.

Medical science has no higher aim, the physican could have no nobler ambition, than the prevention of disease. The heart of every true physician swells with pride when he feels within his own consciousness that he has prevented suffering, and how much greater is this when he can look his fellow man in the face and know that that man's physical well-being since childhood has rested with him, and that he has steered him clear of the pitfalls of disease, deformity and suffering, and from the puny child been instrumental in developing a physically perfect man. Nor is this a mere dream, but an actual possibility—an actual accomplishment in the life of every true physician.

The baby at its mother's breast, so long as it remains well and gives no trouble, comes not under our observation. And generations will have passed ere the government, State or National, will dare interfere in the management of the nursery. Then our first approach to the child as public servant and benefactor must be made in the schoolroom—preferably the kindergarten.

Is there a physician in Georgia who would not gladly give his services to the school of his neighborhood—regulate its hygiene and advise its teacher? And in return he should have the right to supervise the whole school—its building, its hours of study, and have an oversight of the individual child. The building should be warm, dry, well lighted and well ventilated. The best temperature for study has been proven to be 69 degrees F., and each hundred weight of living humanity requires for perfect health 2,000 cubic feet of air

changed hourly. Floating dust must be avoided; wet clothing and draughts not allowed; seats and desks adjusted to each child to avoid curvatures and other skeletal deformities. Habit positions must be noted and corrected.

The personal cleanliness of children is one of the teacher's greatest cares. This belongs more strictly to the home, but we must remember that these childrens' mothers had not the advantages of medical supervision while in school, and many of them not even intelligent care at home, therefore can not be expected to know how to deal best, hygienically speaking, with children of their own, and it is by educating those now growing up that we can obtain the proper co-operation, at home, with the greatest of public benefactions.

Every school should have bathing facilities, for by personal cleanliness we avoid the great majority of skin diseases, and in the cultivation of habits of neatness we grant immunity from many infectious troubles later in life.

Boys should be questioned and examined relative to habits, smoking and masturbation being the two most baneful of all habits. It is estimated that one-tenth of male vitality is wasted in masturbation; a great deal of this could be prevented by tactful management. Both these habits are infectious—insidiously so. No boy would take up smoking were he not taught. We know that all animals masturbate, with the possible exception of the lion, but even in boys it could be limited to within harmless proportions by the right teaching of the intelligent physician.

Tuberculosis is very prevalent among children, and no tuberculous child should be allowed without precautions to mix indiscriminately with others.

The so-called children's diseases are almost always spread through the media of the school. The school physician here finds one of his most useful fields, in early detecting, isolating and thus stamping out incipient epidemics.

No child who suffers from any cause whatever that hinders its work should be allowed to remain in the schoolroom, for that child will be an idler, and a focus of detraction from their studies for the other children.

This brings us to the branch of our subject of the highest importance, to which we should address ourselves—mental peculiarities—slight obliquities, that stamp the child as odd among its fellows. These must be noted, studied, and so far as possible corrected. It is such a crying injustice to a child to allow it to carry a mental bias through its school life—perhaps laughed at, scorned and humiliated by its fellows to the point of half desperation, the school conditions practically destroying its future, whereas it ought to have been the means of upbuilding and straightening its mind for life's works and enjoyments. What community has not one or more men to whom friends point with rather a sneer and say, "I was in school with that fellow, he always was odd." Intelligent care would pos-

sibly have obliterated that oddness and put him on a par with his fellows.

The writer, a year or two since, was invited to go through the Springfield (Mass.) public schools and assist in classifying the 10,500 children found therein. Nine four-tenths per cent. of all the children were found unfitted for doing average work, 8 3–10 per cent. being absolutely below the standard, 1 1–10 being so-called geniuses —that is, 8 out of every 100 were incapable, either mentally, morally or physically, of competing with the children about them. Only one per cent. were brilliant—the restraint of the regular routine curriculum being to them a burden. Nearly 6 per cent. were found incapacitated physically, either temporarily or permanently, and one-third of these had superadded to their physical disability, mental biases. One out of three of these was tuberculous. One out of six had throat troubles, and about the same number diseases of the nose. The hearing was seriously affected in two-tenths per cent. One out of each 200 had infectious eye troubles. Nearly two per cent. had communicable skin lesions, either parasitic or otherwise. About the same proportion were epileptic, or suffered from kindred nervous affections, such as periodic incapacitating migraine, convulsive tremors or periods of nervous excitement. One per cent. already exhibited marked symptoms of insanity. Three-tenths of one per cent. I found to be already strongly imbued with criminal proclivities. Only 8 out of every 100, between the ages of 6 and 18, presented anatomically perfect teeth; and it may be remarked here, that there was an apparent ratio between the teeth and the mental and physical capability. Sound teeth mean endurance and the power to accomplish by steady, plodding, hard work. By way of parenthesis, let me say, that the writer carried the investigation of the teeth even further, into the colonies for the epileptic, the asylums for the insane, the schools for the feeble-minded and prisons for the criminal. I found that epileptics of all ages enjoy less than 13 teeth per capita, the insane $15\frac{1}{2}$, the criminal slightly over 18, the feeble-minded about the same. Each class presented most striking anatomical peculiarities and abnormalities of the mouth, especially of the teeth.

Could any stronger plea than the above statements be made for the medical care of the school child?

The French government estimates that every able-bodied man is worth to the public $400 a year, every healthy woman $200 a year. Suppose of the 400,000 school children of Georgia to-day, four out of each 100 are to become public charges sometime during life. That will make 16,000 to become future burdens to the State, costing the tax payers $75 per capita, or $1,200,000 in expenses, besides losing 300 times 16,000 in the failure of these people to be self-supporting, making a grand total to the State of Georgia in the next generation of $4,400,000 a year. This is certainly an underestimate.

Suppose by the proper care of the present school children one in four, who otherwise would be lost, could be saved and made a worker

instead of a drone; the State would be the gainer by $1,100,000 a year in the next generation.

Now we arrive at the question, What shall we do with the defecfectives? To this there could be but one answer: Correct, if possible; otherwise, segregate. Segregation may seem unfair to the defective. But we must act on the principle of the most good to the greatest number; and any teacher will tell you that more then half her time and energy will be spent on one so-called peculiar child, leaving only half for the whole rest of the class. Is this fair? Is it just to waste energies on one who is incapable of appreciation, and stint it with those upon whom the future depends?

In the country schools complete segregation is not practicable, and our only hope there is to separate as best we can so as to get a minimum of damage from the defective and give a maximum of good to the average. Only an expert physician should be allowed to pronounce a child defective and place it under this quasi ban. On the other hand. it is not fair to hold the specially bright pupil down to the average, but his forging ahead should be regulated by the physician's thoughtful study and advice. And the peculiar bent and particular talent of each child should be noted, studied and directed so as to make it as advantageous as possible.

In conclusion let me ask if any charity could be grander than this medical care of school children? Could any work be nobler? For do we here not only help individuals but the whole of the future generations?

And what a feeling of pride it would give the medical profession to know that each generation is better, stronger, wiser, more powerful, more God-like, because of being intelligently aided by the physician in its effort to grow and develop.

Can any other man or set of men do this task? Is it the duty of the minister? Is it possible to the lawyer? Can the merchant give it his time? Would you further laden the already burdened teacher? No! Always NO! It is peculiarly within the domain of the physician. It is his fairest effort. His very crucial test. Finally, it is par excellence, the province in which disease is preventable, and we as men and physicians shall not, can not, shirk.

REPORT OF AN UNUSUAL SURGICAL CASE.

By HUGH BURFORD, M.D.,
Brunswick, Ga.

COMPOUND COMPLICATED FRACTURE OF LOWER EXTREMITY.

Marion Palmer, aged 12 years, was brought to his father's residence, June 12, 1900, having sustained an hour previous an angular fracture of the right tibia and fibula involving an extensive ragged laceration of the entire soft parts of the calf of the leg, leaving intact only the tibialis anticus muscle in front and three inches of skin

with anterior tibial artery, the only vessel left intact. The wound was caused from his foot slipping through the spokes of a wagon wheel while in rapid motion; the rotation of foot gave to the broken ends of bone a curved direction, tearing and lacerating skin and tissues as above described. On arrival and inspection of injury I found the distal end of leg and foot cold, clammy, and nails blue. My consultants, three or four, unanimously advised amputation, which from appearances indicated the only procedure to be considered; but the boy and his parents strongly objected and begged for an effort to save the limb. After candidly explaining the risk involved from conservatism in such a badly contused and lacerated wound, the skin and muscles were coaptated, after thorough antiseptic treatment, and the limb placed in a comfortable temporary splint and surrounded with moist heat by hot water bags. On June 13 (day following injury) the circulation and nutrition seemed in process of renewal, which continued until complete union of sutured parts was secured, drainage being provided at the most pendant angle of the wound. Patient made satisfactory progress with but slight elevation of temperature, until the ninth or tenth day, when stitches were removed and fracture adjusted permanently, with Smith anterior wire splint, reinforced with plaster above and below wound, leaving a clear space for dressing and examination. The leg was suspended with cord and pulley to ceiling for ventilation and comfort during the hot weather. The result up to this point had been extremely satisfactory and far beyond my anticipations; in fact, I was basking in that comfortable sensation which comes to every surgeon, of good results accruing from pains-taking care and watchfulness, but my balmy state of self-congratulation was of brief duration, for my little patient developed a complicating traumatic insanity unusual in degree and duration; the first manifestations characterized by mild delirium, readily controlled by hypnotics such as bromides, paraldehyde, etc. These mild hallucinations increased into violent paroxysms of fright and anxiety, resisting every form of anodyne and sedative prescribed by several of my colleagues in consultation and myself. This condition assumed a type of violent mania with the use of profane language, and only quieted by chloroform. As a demonstration of the violence of these attacks, his yells and shrieks were the nocturnal dread of the neighborhood. Nourishment being refused finally and the emaciation becoming extreme, with temperature of 103 to 105, pulse 110 to 140, nutrient enemata were given three times per day. The violent paroxysms continued for three weeks and then became less severe, but continued more or less to the eighth week. Splint was removed on the sixth week and a light support applied from knee to ankle, permitting the patient to be moved out on the veranda in an invalid's chair; and massage, a tonic of iron, quinine and strychnia, and a month's sojourn in the mountain brought about complete recovery and restoration of mental faculties, and he is now as well and happy

as any boy of his age; uses his broken leg with as much dexterity as its fellow.

In submitting this case before this Society my incentive has been to emphasize what pains-taking conservatism aided by nature's repair can do in restoring limbs and function mangled, from inspection, almost beyond repair. Also the unusually violent and prolonged traumatic insanity, resulting in complete return of mental faculties to health, and thinking perhaps some member of this Association can mention a parallel case or express some view in discussion as to why this violent mania persisted as a complication so long.

This case was submitted in detail during its progress to several very eminent surgeons for advice and suggestions, and the expressions of opinion was extreme and unusual insanity from traumatism. This boy was a good, moral boy, free from the use of profane language, but in his delirium and mania gave utterance to the most profane language.

OPHTHALMIA NEONATORUM FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.

By M. L. CURRIE, M.D.,
Savannah, Ga.

We who treat, and try to cure every disease, are inclined to congratulate ourselves for our successes and become satisfied with results, without feeling the proper weight of responsibility or realizing what might have occurred other than a successful termination; in other words, we too often treat what we find in an empirical way, and are satisfied without considering the cause of the disease from a scientific standpoint, we so much pride ourselves as having cured.

Total blindness is to me one of the most deplorable afflictions known to man. One of the most pitiable objects of life is a child in perfect health, with indications of a long life, and no hope of ever beholding the beauties and grandeur of nature, not even the loving mother's face can it ever see. Estimate, if you please, what you would take in exchange for your eyesight, and how would you feel to know that through your neglect you were responsible for even one case of blindness?

According to statistics about one-third of all blindness is due to ophthalmia neonatorum, and near three-fourths of blindness in the new born under one year of age is the result of this disease.

Prof. Magnus, of Breslau, has shown that in Europe and Germany purulent ophthalmia caused seventy-one and ninety-nine one-hundredths per cent. of all the blindness in children under one year of age, and in every ten thousand children under five years of age it claimed as its victims four hundred and twenty-eight. More than

thirty-two per cent. of the blind in our own country owe their afflictions to ophthalmia neonatorum.

Howe, of Buffalo, in a collection of 5,874 cases of labor, where no preventive methods were used, found 714 cases.

In the face of these facts should we not use our best endeavors to prevent this disease?

I consider blindness one of our worst afflictions and feel that we should use just as stringent measures to prevent it as we do smallpox or tuberculosis.

I hope the time will soon come when we will be compelled by law to use the best means at our hands to prevent the disease. Quite a number of prophylactic remedies have been tried, but that giving the best results, so far as I know, was instituted by Crede of Leipsic in 1889. With two drops of a two per cent. solution of nitrate of silver instilled in the eyes of the newly-born he reduced the per cent. from ten and seven one-hundredths to thirty-one one-hundredths.

Leopold of Dresden reports 500 births without a case by use of the same method.

I practiced in the country for eleven years and used nothing but clean warm water and sweet soap, with good results, but in the last eight months I have had two cases; one I treated myself with much anxiety, but in the other a specialist was called for, who took charge of the case much to my pleasure. One of these was delivered by a midwife who was aged and claimed much experience, and the other I delivered and was careful to wash its eyes myself, thinking that would do, but hereafter I shall use Crede's method, unless something better is discovered.

In these remarks I have referred to the general practitioner, because I know something of what he is expected to do, and because I have a brotherly feeling for him, and if I have said anything that will save to one poor soul the grand pleasure of sight, or one of my fellow practitioners the remorse of knowing he caused the loss of the same, I shall feel thankful.

HYPERTROPHIC ELONGATION OF THE CERVIX UTERI, WITH COMPLETE EVERSION OF THE VAGINA FROM FIBROID TUMOR OF THE CERVIX. RESTORATION BY SUPRAVAGINAL AMPUTATION OF THE CERVIX AND INVERSION OF THE VAGINA.

BY GEORGE HENRY NOBLE, M.D.,

Atlanta, Ga.

Mrs. H., a tall countrywoman, came to me from the mountainous region of Georgia on January 25, 1894. She stated that shortly after her first confinement, which occurred eight and a half years before she discovered a tumor, about the size of an ordinary marble, grow-

ing upon the neck of her womb, which, after a childbirth two and a half years later, had grown to the size of a hen's egg. From this time she dates the prolapsus, the tumor having escaped from the vagina. She had not suffered much except from the discomfort of aching and dragging sensations. At that time the lower extremity of the tumor ulcerated, but afterward healed, and, two months before admission, ulcerated again, from which she suffered the effects of absorption—accelerated pulse, elevated temperature, chills, profuse diaphoresis, etc.—she became anemic and more or less emaciated. The family history was good.

The condition on admission was as follows: Temperature, 102.4 degrees; pulse, 116, weak and compressible; respiration, 22 per minute; menstruation normal; bowels recently constipated; painful and frequent urination, and at times incontinence of urine. The urinary analysis disclosed nothing abnormal except a diminished excretion of urea. Vaginal discharges profuse and mucorpulent in character; heart and lungs negative.

Inspection showed an egg-shaped fibroid tumor, about nine inches long and six inches in diameter, attached by a pedicle on its side to the upper right margin of the os uteri. There were five superficial ulcers, three upon the anterior and two upon the posterior surface of the tumor, averaging the size of a silver dollar. The vagina was completely everted, not even a sulcus remained within the vulva. The bladder and rectum were turned out through the vaginal orifice, and formed deep pouches in front of and behind the mass. The cervix was as large as an ordinary-sized man's wrist, and elongated sufficiently to permit extrusion of the vagina, while the fundus uteri was near its normal position. The cavity of the uterus was three inches deep, that of the cervix seven inches, making a total of ten inches. The round ligaments were very much hypertrophied and felt like cords larger than lead pencil. Other pelvic organs seemed free from disease.

As hysterectomy is often unsatisfactory in procidentia uteri, I determined to do a supervaginal amputation of the neck and replace the everted vagina, knowing that the supports were equal to the task of sustaining the parts.

The operation consisted in the usual circular incision dissecting off the bladder, rectum and postuterine peritoneum from the cervix for a distance of six and a half inches and amputation of the cervix at the internal os, ligating the uterine arteries and other large vessels as they were encountered. The parts were very vascular; many of the vaginal branches were as large as a small quill; consequently the operation was tedious, frequent ligation being necessary. After removal of the neck of the womb the vagina was stitched to the stump by four mattress sutures introduced an inch back of the margin of the vagina, then through the walls of the uterus, beneath the cut surface of the stump, emerging from the cervical canal, then passed in the reverse direction and tied on the surface of the vagina. These

sutures served the double purpose of closely applying the vagina to the stump, especially in the angles of the wound, and of controlling oozing from the uterus. The margins of the vagina were fastened by superficial catgut sutures to the mucous membrane of the cervical canal, and the remainder of the wound closed in a transverse line, except at the angles where the drainage was provided for. The vagina was dressed with gauze to prevent pouching or pocketing between the opposing raw surfaces. Thirty-eight minutes were consumed in performing the operation.

She made a very fair recovery, considering her condition at the time of the operation. The suppurating tumor having been removed, the temperature dropped, but on the seventh day, when the mattress sutures cut in the tissue, the temperature reached 103 degrees, but came down immediately upon the removal of the stitches. From that time on her recovery was uninterrupted. The uterus mounted higher in the pelvis, the vaginal orifice contracted to some extent, and the vagina, rectum and bladder remained in their normal position.

She was dismissed on the tenth day and returned to the laborious duties of a mountain farmer's wife. She remained without any tendency to recurrence of the prolapsus.

PROGNOSIS IN CHRONIC NON-EXUDATIVE NEPHRITIS

By NORMAN C. VARIAN, M.D.,
Lecturer on Osteology, Cleveland College of Physicians and Surgeons.

In considering the prognosis of this disease we must bear in mind the facts considered under its pathology, hygiene and treatment.

From the nature of its pathology we should not look for a complete recovery. The fibrous changes once having occurred are at least permanent if not, as usual, progressive.

The changes which occur within the kidney substance are such as to gradually disable successive portions of the secreting elements. This process is usually slow and therefore under proper hygiene and treatment the disease is not incompatible with the enjoyment of a fair degree of health and activity for a number of years. Much depends upon the hygiene, habits, general constitution and a well regulated life, free from all excesses.

Osler says that "increased arterial tension, thickening of the arterial walls and polyuria with a small quantity of albumin neither doom a man to death within a short time nor necessarily interfere with the pursuits of an active life so long as proper care is taken. Cases are on record where these symptoms with hyaline casts have been present for ten, twelve or fifteen years. Loomis speaks of one case yet living who has had the disease fourteen years. Eight to ten years is not an uncommon duration and the average is said to be

three to five years. So long as the heart compensates there are likely to be no distressing symptoms, but with its failure there comes dyspnœa, œdema and uræmia. These are at first amenable to treatment, but later all remedies fail to support the over-worked heart muscle and what little kidney substance still remains.

Cheyne–Stokes respiration, persistent vomiting, delirium, severe dropsy, and finally death by either coma, convulsions, or gradual failure of circulation ends the struggle on the part of nature to compensate for an irreparable destruction of kidney substance and degeneration of the vascular walls.

Long Lives.—Biggs—"Speaking of long lives, I had an uncle on my mother's side who lived to the age of ninety-nine."

Diggs—"Oh, that's nothing; my aunt Sally Smasher didn't die 'till she was past one hundred and eight."

Young man in the Corner—"I had a grandfather who beat that record all hollow."

Biggs and Diggs—"When did he die?"

Young Man in the Corner—"He didn't die at all. He's still alive."

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PHYSICIANS' WANTS, ETC.—A department will be devoted to the free publication of subscribers' wants, practices for sale, change of location, etc.

SECRETARIES OF MEDICAL SOCIETIES will do us a favor by keeping us informed of dates of meetings of same, etc

DR. CURRIE ASSOCIATE EDITOR AND BUSINESS MANAGER OF THE JOURNAL.

THE JOURNAL takes pleasure in introducing to its readers and the medical profession at large Dr. M. L. Currie, of this city, who will aid us in the future with our journalistic work, having especial charge of the business department, subscriptions and accounts.

The business department of the JOURNAL has grown so voluminous that for some time it has been quite burdensome to us to give it proper care and attention without neglecting our private practice, and we found it necessary to secure the services of an associate editor, and we feel that with Dr. Currie's able assistance we can serve both our subscribers and advertising patrons better now than ever before.

Dr. Currie is a graduate of the College of Physicians and Surgeons, Baltimore, class of 1888; has always enjoyed a lucrative practice; is a thoroughly up-to-date practitioner and a successful business man. Delinquent subscribers will soon have a communication in reference to arrears.

DOCTOR GEORGE R. WHITE CASTS HIS LOT IN SAVANNAH.

We have recently had a worthy addition to the medical fraternity of Savannah in the coming of Dr. George R. White, late of the U. S. A., a native of Southampton, Long Island, N. Y. The doctor is a graduate of Cornell (1888) College of Physicians and Surgeons, N. Y., Columbia 1891, special courses in Heidelburg and Vienna in 1893, practiced in New York City from 1894 to 1898, assistant at Dr. T. Gaillard Thomas Sanitarium, assistant surgeon to Trinity Hospital and the Lying-In Hospital, Brooklyn, 1894 to 1896, instructor in operative surgery in New York Post-Graduate School and Hospital in 1897, Acting Assistant Surgeon U. S. A. from 1898 to 1901. The doctor will be pleasantly remembered by the profession here as chief of the Emergency Hospital of the Seventh Army Corps while the army was in camp here in 1898. The doctor comes well qualified with every scientific attainment for his chosen branch—*surgery*—and we predict that Dr. White will do great things for himself and the profession.

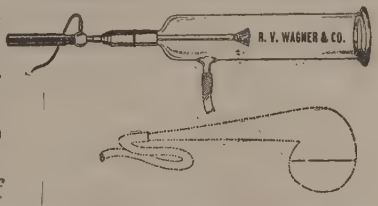
EDITORS' TABLE.

St. Paul Meeting American Medical Association.—The "Dixie Flyer" is the train to take from Atlanta, Ga., for the St. Paul meeting of the American Medical Association, via the Western & Atlantic Ry., the N. C. & St. Louis Ry., the L. & N. Ry., the Evansville & T. H. Chicago, and the Chicago, Milwaukee & St. Paul Ry. to St. Paul, Minn. This will make a delightful trip, passing through Atlanta, Chattanooga, Nashville, Evansville, Terre Haute, Danville, Chicago; then take the Pioneer Limited to St. Paul. This is the shortest line, quickest route and best accommodations for physicians going to the meeting. Solid vestibule trains, dining and buffet accommodations. For particulars, call on or address representatives of the lines advertised on pages xvi. and xix, this issue.

* *

Excursion to Yellowstone Park.—Arrangements have been completed for an excursion of the members of the American Medical Association to Yellowstone Park. The Committee of Arrangements has finally succeeded in persuading the officials to open up the park a week earlier than usual in order to accommodate the association. A special train will be run from St. Paul to the Yellowstone Park and the railroad officials have promised to do everything in their power to make it satisfactory to all concerned. The rates will be very low, but how low cannot at this time be definitely stated.

Static Cataphoresis.—Much attention is being given to the use of static electricity as developed by a static machine running at a high rate of speed. For many purposes the current thus developed is of special value and its latest applications for the cataphoresis of gaseous substances, such as volatilized mercury, formaldehyde, oil of cinnamon, etc., has proven to be a most effective means of applying such remedies direct to the diseased tissues and is an ideal treatment for consumption, tubercular joints, glands, or any local infection. Dr. R. V. Wagner has lately invented and perfected an instrument which makes the use of static cataphoresis most convenient and will enable any one having a static machine to avail himself of this new and effective mode of treatment. The instrument consists of a glass cylinder made to fit closely to the skin at one end, while the other is fitted with an adjustible discharge brush; the brush should be attached to the positive pole while the patient is in contact with the negative. The discharge of current passing from the brush to the patient through the gases or medicated air (which may be admitted to the cylinder through an opening leading to a retort or other receptacle by rubber tubing) drives the substance with much greater penetration and in a form more suitable than other known means of cataphoresis.



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Osteopathy.—"We have it on the authority of the New York Medical Journal that there has recently been introduced in the Wisconsin legislature a bill providing for the formation of a State Board of Osteopathy. The aim of the Osteopaths in attempting to secure the passage of such an act is to acquire the right to practice osteopathy —whatever that may be—without having to satisfy the requirements of the Board of Medical Examiners." So says Gaillard's Medical Journal:

"It is to be hoped and confidently expected, that the representatives of the good people of Wisconsin will not permit the passage of any such act.

"The profession feels that it is not worth its while and that at the same time it is somewhat beneath its dignity to take any cognizance whatever of the fakirs who, under different names and in various guises, offer themselves to a trusting public as the very latest thing in cures. And this is no doubt true. The life of most of these delusions is ephemeral and they die out more completely and more quickly if let alone. For opposition, in less than a paralyzing dose, is a stimulant.

"But when it comes to such a pass that one of these quack systems has the temerity in the full light of day to ask for State recognition it is time for the honest gentlemen of the profession to make their protest heard.

"No doubt the Medical Societies of Wisconsin have done so. It does seem strange that at the end of the enlightened century and at the beginning of one in which it is to be hoped that knowledge will not retrograde, any large number of people should be found willing to entrust themselves in sickness to men on the face of things unprepared to recognize what the trouble is. It is all very well to say with Commodore Vanderbilt, 'The public is a —— fool,' and to hope that this, like its other follies, may have its day and cease to be. Does not some responsibility for the education of the public rest with the profession ?

"The average layman does not comprehend at all the relation of diagnosis to successful treatment nor yet the necessity of training and experience for the power to make a diagnosis. The attitude of the physician toward his patient has been from time immemorial: 'My dear fellow, place yourself entirely in my hands. I am the doctor. Here is something (in Latin—mysterious) to cure you. Don't worry, I'll see you to-morrow.' And the layman does not understand that his good physician sees a dozen untoward courses that his disease may take, and that he stands by, watchful, to avert them if possible.

"For he does not know, and who can blame him, that medicine does not consist in the administration of drugs.

"Homœopathy, in its lingering tenth dilution, still fogs the eyes of many of the people. But it has performed one good office. It has greatly helped to clear the mind of the profession as to the comparative inefficacy of remedies it used to trust. May it not be that from the Christian Scientist and the Osteopath there is a grain or so of wisdom to be won ?

"Let us tell the public as often as we can that it is the function of the physician to act as a watchman, and sometimes when it is necessary for the safety and comfort of his patient's life, to interfere with medicine or the knife. That it is the ability to recognize the time of that necessity that the State vouches for the holder of its license to practice medicine. Meanwhile it is the duty of the profession to the public itself to use every effort toward the establishment everywhere of a uniform pre-requisite to the giving of advice to the sick, and that the right to practice medicine be withheld from those ignorant of anatomy, physiology and pathology in its widest sense. Then if a man trained in the recognition and knowledge of disease be willing to prostitute his powers in the pursuit of any ism or pathy, let him go. Perhaps some day we shall have accredited psycho therapeutists in a larger field—who can tell? But let them be graduates in medicine first."

Two of a Kind.—"Why is a good play like a mustard plaster ?"
"Because they both draw well after they're put on."—*Ph. Era.*

NEW BOOKS.

FROM W. B. SAUNDERS & CO.

A Text-Book of the Practice of Medicine.—By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price, per set: Cloth, $6.00 net.

The Germans lead the world in internal medicine, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authorities of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on the subject. The book is a new one, but on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany. It is practically a condensed edition of the author's great work on Special Pathology and Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practicing physician. As the essential aim of the physician will always be the cure of disease, the fullest and most careful consideration has been given to treatment.

The contents of volume one are: Part I, Diseases of the Circulatory Organs; Part II, Diseases of the Respiratory Organs; Part III, Diseases of the Digestive Organs; Part IV, Diseases of the Genito-Urinary Organs; Part V, Diseases of the Nervous System.

The contents of volume two are: Part V, Diseases of the Nervous System continued; Part VI, Diseases of Muscles; Part VII, Diseases of the Skin; Part VIII, Diseases of the Spleen and Blood; Part IX, Disorders of Metobolism; Part X, Infectious Diseases.

We can really see no necessity for having the work in two volumes. If it was all bound in one, it would be no larger than Ander's Practice of Medicine, which is one of the best text-books on the subject in the English language, and those who wish to consult the German's will find this one of the best of its class. The text is concise and comprehensive, and differs somewhat from most other works on the practice of medicine in containing, among other things, appropriate selections devoted to a consideration of diseases of the skin, the venerial diseases, impotence and sterility in the male, and spermatorhœa. The book has been written especially to meet the needs of the student, but it should prove of inestimable value to the busy practitioner.

Throughout the work, where special attention is directed to a subject, heavy-faced type is used, which serves as an ear-mark, that the reviewer thinks will be found helpful. The orthography and terminology is that adopted by standard lexicographers.

The author is to be congratulated upon his success, and so far as a careful examination enables us to judge, it faithfully represents the medical literature of the day. It is handy, concise, accurate and complete, and claims a very high place among works of this class; and from a critic's standpoint we can only praise the work. The publishers get it out in handsome cloth binding, strong enough to withstand the wear and tear of daily use.

Essentials of the Diseases of Children.—By William M. Powell, M.D. Third Edition. Thoroughly Revised by Alfred Hand, Jr., M D., Dyspensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12m., 259 pages. Philadelphia and London: W. B. Saunders & Co. Price, $1.00 net.

In this revised edition numerous additions and changes have been made in the book so that it continues to represent the present state of pediatrics. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on Infectious Diseases has been rewritten, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others, one on Infant Feeding.

This work is necessarily limited in scope. Subjects are discussed mainly from their symptomatic and therapeutic standpoints. Such subjects as diet, general hygiene and nursing are not as fully considered as in various books devoted to these important branches. The little book is thoroughly abreast with the advanced teaching of pediatrics.

Atlas and Epitome of Obstetric Diagnosis and Treatment.—By Dr. O. Shaeffer, of Heidelberg. From the Second Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 122 colored figures on 56 plates, 38 other illustrations, and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

This book treats particularly of obstetric operations, and besides the wealth of beautiful lithographic illustrations, contains an extensive text of great value. The symptomatology and diagnosis are discussed with all necessary fullness, and the indications for treatment are definite and complete. In this new edition both text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material.

In Part I. will be found presented in a clear, concise, practical way, "The Physiology and Dietetics of Pregnancy, Labor and the Puerperism." In Part II. will be found Pathology and Treatment of Pregnancy, Labor and the Puerperism. This handy little volume covers in a practical way the diagnosis and treatment of all obstetric

conditions. The illustrations are exact reproductions from nature, and give a clear idea of conditions you are dealing with.

Atlas and Epitome of Labor and Operative Obstetrics.—By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $2.00 net.

There is no branch of medicine or surgery that is so difficult to demonstrate as that of midwifery; hence any positive aid, such as this Atlas furnishes, is to be hailed with satisfaction. The author has added to the multitude of obstetric subjects already shown by illustration, many accurate representations of manipulations and conditions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable.

Obstetric surgery is for the most part performed as it were in the dark; whereas the Gynecologist, by means of improved amphitheatres, master of the situation as to time and place for operating, can demonstrate to his audience each step of the operation. On the contrary, a version, correction of a mal-presentation or mal-position, or removal of an adherent placenta, demand immediate action. This new edition has been enriched by a number of colored plates which give a clear idea of conditions found on palpation.

Atlas and Epitome of the Nervous System and its Diseases.—By Professor Dr. Chr. Jakob, of Erlangen. From the Second Revised German Edition. Edited by Edward D. Fisher, M.D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.50 net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology, and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. The book is comprehensive and practical.

The student and practitioner who is not thoroughly familiar with this branch of medical science, with the help of this Atlas may obtain a clear idea of the present state of neurology with comparatively little trouble. There is not perhaps another department of medicine in which the intimate connection between clinical pathology and normal pathological anatomy is so manifest and so constant as in

neuropathology The consistent treatment of the relations between the facts of normal anatomy and pathology, together with the fullness and attention to detail shown in the illustrations, which, although not schematic, yet give a comprehensive view of the things they portray, the impartial critic will agree that the illustrations accomplish all that can be expected of illustrations. The exact site and character of the lesion are shown in a way which cannot fail to impress itself on the memory of the student. The book is very practical and comprehensible.

Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis.—By Prof. Dr. O. Haab, Director of the Eye Clinic in Zurrich. From the Third Revised and Enlarged German Edition. Edited by Geo. E. de Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $3.00 net.

The great value of Prof. Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justifies an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important founders changes, but in many instances, plates of the microscopic lesions are added, the whole furnishes a manual of the greatest possible service, not only to the beginner in ophthalmic work, but to one who has already far advanced and desires to compare the observations of his own service with those of the rich clinic from which Prof. Haab has gathered his plates.

This is a very valuable work and one that every physician should have, and he who devotes special attention to the eye should buy it and read it closely. This book is of the greatest value to those who practice and teach ophthalmology.

One of the most valuable features of these Atlases is that they offer a *ready and satisfactory substitute for clinical observation.* Such observation, of course, is available only to the residents in large medical centres, and even then the requisite variety is seen only after long years of routine hospital work. To those who are unable to attend important clinics these books will be absolutely indispensible; as presenting in a complete and convenient form the most accurate reproductions of clinical work interpreted by the most competent clinical teachers. That these Atlases now appear in *thirteen different languages* is proof of the fact that this class of literature is appreciated. Messrs. W. B. Saunders & Co. issue them on good paper and gives them a handsome dress in dark green buckram.

FROM THE F. A. DAVIS COMPANY.

Principles of Surgery.—By N. Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the Uni-

versity of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of the United States Volunteers and Chief of the Operating Staff with the Army in the Field During the Spanish-American War. Third Edition. Thoroughly Revised, with 230 Wood Engravings, Half-tones and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, $4.50 net; Sheep or Half Russia, $5.50 net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914–16 Cherry Street.

The rapidity with which discoveries relating to the etiolgy and pathology of surgical diseases make the text-books of only a few years ago old and almost worthless, except to fill up a library. The many excellent treatises on this subject by both American and foreign authors, which have made their appearance in rapid succession during the past decade, are replete with practical information, but many of them are wanting in matter relating to the treatment of the fundamental principles of the art and science of surgery. Dr. Senn, in writing this book, had in mind this fact, and particularly the wants of the student and practitioner, and has written a book which at least in part fills this gap in surgical literature. This volume also serves the purpose of a systematic treatise on the causation, pathology, diagnosis, prognososis and treatment of the injuries and affections which the surgeon is most frequently called upon to handle. The author, in the prepartion of this book, has kept constantly in view the difference between cellular processes as observed in regeneration and inflammation, and connects the modern science of bacteriology more closely with the etiology and pathology of surgical affections than has heretofore been done by most authors. In this revision many additions have been made; among others, two new chapters—one on "Degeneration" and one on "Blastomycitic Dermitis." Many new and valuable illustrations have been added. This is a very practical, up-to-date volume, and should be on the desk of every surgeon and general practitioner; neatly bound and one we highly commend.

FROM J. B. LIPPINCOTT CO.

International Clinics.—A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Profession Throughout the World. Edited by Henry W. Cattell, A. M., M.D., Philadelphia, U. S. A.; with the Collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D, of Montreal; T. M. Kotch, M.D., of Boston; E. Landolt, M.D., of Paris; Thomas G. Morton, M.D, Charles H. Reed, M.D., and H. C.

Wood, of Philadelphia; with Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume I. 11th Series. 1901. Price per Volume: Cloth, $2.00; Half Leather, $2.25. Philadelphia: J. B. Lippincott Company. 1901.

It affords the reviewer pleasure to see the first volume of Eleventh Series *International Clinics* on our table. That this work is needed and appreciated is clearly proven by the great success of the publication during the past ten years of its existence, and after eleven years of meritorious success it enters upon the new century with all promises fulfilled, and contains something to interest every physician. It is the most practical, most economical and best illustrated work of its kind ever offered the profession. Among the contributors to this volume we mention Drs. A. A. Stevens, Solomon Solis-Cohen, William M. Rodman, Edward Jackson, E. W. Holmes, Francis Delafield, John B. Deaver and a host of others.

This quarterly makes unquestionably one of the most complete and most reliable reviews of the advances in scientific medical literature with special reference to its practical applications that has yet been published. The editor has selected the very best contributors—men who know their business in their different departments and who do it well and thoroughly. They are men of experience, reputation, and whose opinions are respected.

No one can but be interested with the character of this work. Everything is said in good, easy style, and is something new. No superfluous material is given—only that which is concentrated and can be used with benefit. We congratulate the editor, the contributors and publishers upon the most excellent manner in which they have issued International Clinics.

FROM E. B. TREAT & CO.

The International Medical Annual and Practitioners' Index.—A Work of Reference for Medical Practitioners. Nineteenth Year. Published, 1901, by E. B. Treat & Co., New York and Chicago. Price, $3.00 net.

The mere fact that this annual has appeared for nineteen years is proof that it has supplied a need and that practitioners have found it a good book to have at hand for reference.

The contents of this single volume cover, in a concise way, the whole realm of medicine and surgery, noting the advances in every department, and by a judicious condensation and digesting of the medical literature of the past year, giving the busy practitioner the gist of both theories and facts. The value of the book is much increased by a series of original articles on most important subjects, each written by a writer of experience and recognized ability. The busy practitioner and the student will find the "Synoptical Index," just prepared, which covers the preceding twelve volumes of the Annual, of great practical usefulness, furnishing an easy reference for medical and surgical facts to all consulting it.

The International Annual for 1901 is illustrated by 14 plates and 45 engravings, is well printed and strongly bound, and the price is reasonable.

FROM WOOD-ALLEN PUBLISHING CO.

Ethical Marriage.—A Discussion of the Relations of Sex, from the Standpoint of Social Duty. By Delas F. Wilcox, Ph.D. Price, Cloth Bound, $1.25. Wood-Allen Publishing Co., Detroit, Mich.

The author treats of marriage from a new standpoint; tells how married people ought to live, for their own good as well as for the good of the nation. The many unhappy marriages of the past have proven that it is not safe to trust to instinct and common sense for guidance in this phase of life any more than in any other. All are beginning to see that judgment and reason must be taken as the guide, and they are asking not only what is possible, but what is right, what will conduce to the greatest happiness, what will insure the best welfare of posterity. This book answers these and many other queries and discusses the relation of husband and wife, the limitation of the family, the laws that govern the marital relation, and the many personal problems that are in the minds of thinking people.

The high ideals of marital relations set forth in this book make it one of the most truly religious contributions to this field of thought we have ever read. It would be gain to the whole human race if these ideals could find general acceptance. The book is deserving of wide and careful study.

FROM THE ABBEY PRESS.

The Curious Case of General Deloney Smythe—By W. H. Gardner, M.D., Lieut. Col. U. S. A., retired. The Abbey Press, 114 Fifth Avenue, New York City. $1.25.

This is one of the most interesting stories it has been our pleasure to read for some time. It is one of those books, after you once become interested, you cannot stop till you read it all. Readers of fiction to-day care very little whether the story is founded on fact or not, provided the *Dramatis Personæ* are fairly drawn. This story clearly point out that chains of circumstantial evidence in trials often lead to erroneous judgments.

Those interested in "thought transference" or "telepathy" will find a very interesting chapter.

The surgeon will appreciate the "consultation" and operation which finally restored General Smythe to health and his long lost love. The Abbey Press is sending out some excellent books and is fast forging to the front and taking a place with the leading publishing houses of the Metropolis.

FROM E. P. DUTTON & CO.

The Feeding of Infants—Home Guide for Modifying Milk. By Joseph E. Winters, M.D., Professor of Diseases of Children, Cor-

nell University Medical College, New York City. Price 50 cents. E. P. Dutton & Co., 31 W. 23rd Street, New York City.

This little booklet contains full and complete directions for the modifying of milk. The author has arranged charts by which any one may be able to prepare food of definite percentages for infants of different ages. If you want information on this subject, buy this book.

FROM P. BLAKISTON'S SON & CO.

Blakiston's Quiz-Compends.—P. Blakiston's Son & Co., of Philadelphia, Pa., have just issued the third edition of Quiz-Compends.

This is a little book of 3,500 questions on medical subjects, arranged for self-examination, with the proper references to standard works in which the correct replies will be found.

This edition is enlarged and revised with questions of the State Examining Boards of New York, Pennsylvania and Illinois. It can be used by students of any college.

This will be found very useful to students of medicine, and the price, 10 cents, is within the reach of all.

MISSING.—A physician receives three dollars from a patient in place of five, drops it, picks it up, and continues to search on the floor.

"Have you recovered the money?" the patient blandly inquires.

"Three dollars," replies the physician, "I don't see the other two."—*Ph. Era.*

THE ONLY WAY TO KEEP THEM OFF.—When President Lincoln was taken down with small-pox, he wrote to Colfax that he might let the army of office seekers approach, as he had now something that he would give them.—*New Idea.*

UP-TO-DATE.—First Lady—I'm taking four kinds of medicine. How many are you taking?

Second Lady—Oh, medicine don't count. Operations are all the go now. I've had three this summer.

"There are things in nature," remarked the philosophical physician, "that completely overawe me. Often do I experience the great difficulty in finding language to express myself."

"Yes," replied the chemist, "I thought that it must be something that way when I try to read your prescriptions."—*Med. News.*

THE DOCTOR'S FAVORITE FLOWER.—Lady Patient—"Say, doctor, what is your favorite flower?"

Doctor—"Diabetes mellitus or sweet pea."

Lady Patient—"Oh."—*Dr. Edgar H. Nichols.*

PROGRESS
—OF—
MEDICAL SCIENCE.

THERAPEUTICS

UNDER THE MANAGEMENT OF
MARION X. CORBIN, M. D.,
SAVANNAH, GA

SALT SOLUTIONS IN HEMORRHAGE AND COLLAPSE.—The value of rectal injection of hot saline solutions in overcoming the collapse due to excessive hemorrhage or purgation is warmly urged by Dr. T. B. Greenley (Jour. Amer. Med. Assoc., xxxvi, No. 6). Half a gallon of the solution, containing 1 oz. of table salt to the gallon of water, at 110°–115° F., may be injected into the bowel and retained by pressure on the anus. The fluid is absorbed very rapidly in the sigmoid flexure and colon. Pulse and color promptly improve and the patient rallies. The rectal method has several advantages over the use of saline solutions by hypodermoclysis or transfusion, it taking less time, being less painful to the patient, and less dangerous. Another advantage is that sterilization of instruments is not necessary. All we require is a fountain syringe, and in its absence a common hand syringe will answer.

The following three cases are given in illustration: One was a woman suffering from hemorrhage due to abortion at the end of the second month. She was virtually in a state of collapse, being pulseless and very pallid. A hypodermic injection of nitroglycerin and atropine was made, and half a gallon of hot salt solution was injected into the bowel and held there, by pressure on the anus, for half an hour. The pulse improved, her natural color reappeared to a certain extent, and there was no further hemorrhage. The second case was also one of abortion. The woman was flooding freely, a large pool of blood having passed through the bedding to the floor. The same treatment as in the first case was pursued, and in addition the womb was washed out with hot water and the clots removed by the fingers. The hemorrhage was completely arrested and in less than an hour the woman rallied. The third case was a child of eight months, suffering from cholera infantum. It had vomited and purged for three days before the doctor saw it. It was nearly exhausted; the pulse could not be counted; seemed to suffer from intense thirst. Morphine, $\frac{1}{4}$ grn., and a minute amount of atropine were injected into the arm and a pint of saline solution into the bowels. In less than half an hour the pulse improved and the child became quiet. Complete recovery followed in a few days under appropriate treatment.

Poisoning by Oil of Turpentine.—The case of a young woman who had taken by mistake 1 to 1½ oz. of turpentine is reported by Dr. Francis G. Grupel (Brit. Med. Jour., Feb. 9, 1901). Feeling no immediate effect she went to bed, but in about an hour and a half she woke up feeling very cold and with a sensation of dying. She arose with a giddy, sinking feeling, and walked with a staggering gait. Next morning urination was accompanied by great pain; the urine contained blood clots, and smelled very strongly of violets. Her menses, which were eight weeks overdue, came on but lasted only a short time. She was very thirsty and feverish, had severe headache and no appetite. The doctor ordered her to bed, put two linseed poultices to the kidneys and hot flannels to the abdomen; gave 1 oz. of magnesium sulphate internally, and ¼ grn. morphine sulphate hypodermically. For the kidneys and bladder he prescribed a mixture of potassium acetate, infusion of buchu, and hyoscyamus. The improvement was slow, it being fully three weeks before the patient was entirely well. The urine examined twenty-five days after the accident still had the odor of violets.

The Active Principles of Digitalis Leaves.—J. W. England, of Philadelphia, states that the chemistry of digitalis leaves has been in a state of confusion for nearly three-quarters of a century. Various so-called active principles have been isolated, from to time to time, nearly all of which have been found to be varying mixtures. Even the German digitalin, heretofore referred to a definite compound and probably the most uniform and reliable product of its class, is a mixture. After quoting the results obtained by a number of investigations by various authors, the writer concludes that the chemistry of digitalis leaves cannot yet be regarded as being satisfactorily settled. If the claim of Kiliani that the glucosides of the leaves are different chemically from those of the seed is correct, it means that equally as great differences in the physiologic activities of the principles may exist, and these differences would explain much of the seeming confusion that has heretofore obtained in the reports made by different investigators upon the chemical nature and the physiologic properties of digitalis principles. New investigations are needed upon the glucosides prepared from the leaves, not from commercial products obtained from the seeds, leaving unconsidered all the work that has been heretofore done upon the digitalis principles. —*N. Y. Med. Jour.*, April 6, 1901.

Immediate Withdrawal of the Drug in a Cocaine Habitue.—G. W. Norris, in the Philadelphia Medical Journal of February 9, 1901, reports the case of a dentist 30 years of age, who, ten years before for the relief of pain due to hemorrhoids, employed cocaine locally in the rectum. After cessation of the rectal trouble he continued to use the drug hypodermically, and when first seen at the hospital he was taking an average of sixteen grains per day. He stated that until within a week he had attended to his practice, doing as good

work as at any time, but accomplishing less in the twenty-four hours and feeling a constant tendency to procrastinate. Time to him passed very rapidly—minutes seemed like seconds; and he had an extraordinary appetite. When taking alcohol, to which he had at one time been addicted, he found it counteracted the effects of the cocaine. Insomnia was constant unless he took cocaine, after which he slept one or two hours, and then a repetition of the dose was necessary. A single large dose kept him awake. For several months he had been troubled with hallucinations of hearing, and while semiconscious of his true condition, had avoided street cars and public gatherings, where he imagined voices accused him of being a cocaine fiend. At night he would wander from room to room in his efforts to escape the voices which he heard about him calling out, "Look! he's going to take another dose!" and while reasoning with himself on their subjective character, yet he was unable because of their vividness to flee from them.

On his admission the cocaine was abruptly withdrawn, strychnine sulphate in one-thirtieth-grain doses was administered every four hours, and sulphonal, two grains, repeated every two hours. On the first night the patient slept fairly well; on the second he required no hypnotic. He volunteered the information that he felt quite as well as he did before beginning the use of cocaine. He complained of no craving for the drug, and was allowed to leave the hospital a week after his admission.

The specially interesting features in the case are the sudden and complete withdrawal of the cocaine which produced such trifling disturbance, and that after twelve hours the patient experienced no craving for the drug, remained contentedly in bed reading the newspapers, and without experiencing any of the distress so common after the discontinuance of a long-established drug habit.

Which Preparation of Ergot is the Best to Employ?—Our attention is called to this matter by a note which we have recently seen in the London Lancet, in which the author expresses the opinion that it is much better to employ a substance which is commonly known as ergotine, but which is really a solid extract of ergot, in preference to the fluid extract of ergot, which, in his opinion, has given him uncertain results, and which he thinks by reason of the process of its preparation cannot be expected to produce results of which ergotine or solid extract of ergot are capable. He gives no very good reason for this belief, and therefore we are not at liberty to criticize the statements which he makes, but we cannot help feeling that the difficulty does not lie so much in the question as to whether ergotine, the solid extract of ergot, or the fluid extract of ergot should be employed, as it lies in the necessity of employing a preparation of ergot which is prepared by proper methods from crude ergot which in turn has been physiologically tested before it is placed on the market. There is probably no substance used in dangerous

cases which is more apt to vary in its physiological activity than ergot. It is not a pure vegetable drug in the sense that digitalis or aconite can be classed as such, but is derived, as is well known, from a fungous growth upon rye. The conditions for the development of this fungus are sometimes favorable and sometimes unfavorable, and if they are unfavorable, undoubtedly the ergot which is developed does not possess the peculiar influences of pure ergot upon unstriped muscular tissue throughout the entire body, more particularly that of the uterus, and upon the uterine centers in the spinal cord. As we have before pointed out in the editorial pages of the Gazette, physiological testing has revealed the fact that a large amount of ergot placed upon the market, while it may appear first-rate to the average inspector, is, when tested, absolutely or partially inert. While, in all probability, evil effects will not follow the administration of ergot of this character, still the drug will be unjustly accused of being of no value, when in reality it was the particular sample employed in a given case which did not deserve the physician's indorsement. If physiologically tested ergot is employed, and is employed properly in cases which really need its influence, we have yet to hear of an instance in which it has failed to produce the effect upon a human being which we would expect as the result of a physiological test.—*Therapeutic Gazette.*

Gargles.—Much has been written about the futility of gargles, but H. Lavrand believes that the muscular tension of gargling is of some value in itself, and that gargles can easily be made to reach the posterior pharyngeal wall. He makes his patients take a mouthful of liquid, throw the head backward, open the mouth as widely as possible, and in this position attempt to exhale the breath. Then on quickly lowering the head some of the water is extruded by the nose, thus showing that it must have been in the pharynx. The method may be used to medicate nose, mouth or pharynx. In the above position a little liquid dropped on the tongue will run down into the larynx, but does not pass the vocal cords. The epiglottis, arytenoid bodies and vocal cords may thus be medicated. The author cites numerous experiments of painting the pharynx with methylene blue and gargling with water, with glycerite of starch and garling with iodine solution, with tincture of iron and gargling with sodium salicylate solution, with glycerin solution of tannic acid and gargling with ferric perchloride, etc., all of which show that the posterior pharyngeal wall is reached by the gargling solution when the patient throws the head back and opens the mouth wide.—*Jour. des Sciences Med. de Lille*, March 30, 1901.

Disastrous.—Druggist—"Miss Budd was altogether too pretty to work at a soda fountain."

Toots—"How did her beauty interfere with the work?"

Druggist—"She got her winks mixed up."

INTERNAL MEDICINE AND NEUROLOGY.

UNDER THE CHARGE OF

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UNILATERAL PROGRESSIVE ASCENDING PARALYSIS.—W. G. Spiller, in the Philadelphia Medical Journal of February 9, 1901 (Medicine, April), refers to the case, reported by Mills, of unilateral ascending progressive paralysis, which is thought to be a new form of degenerative disease. A similar case has recently come under Spiller's observation, in which the symptoms began at 37 years of age. There was first noted a weakness in the left leg, which gradually increased. A year after the onset of the trouble the left arm became weaker. He had never had vertigo, headache, vomiting, convulsions, or diplopia. At the time he was seen the left leg was spastic, but not in the least ataxic. In walking, the foot was dragged along the ground so as to rapidly scrape away the sole of the shoe. The left knee-jerk was greatly increased, ankle clonus and the Babinski reflex were very marked on the left side, but uncertain on the right. Sensation for pain, touch, and temperature was normal everywhere over the body. There was no marked decrease in the size of the leg. The electrical reactions were normal. The strength of the left arm was distinctly less than that of the right. The arm was held slightly at the elbow against the body, but no contractures existed in any muscles of the body. Speech was normal. The mouth could not be drawn up as well on the left side as on the right, and a slight flattening on the left side of the face was noted. There had never been rectal or vesical disturbance. Examination of the right eye showed clear media with normal fundus; there was atrophy of the left optic nerve. The reaction of the pupils was normal.

Attention is called to the striking superficial resemblance of these cases to ordinary hemiplegia, but there is nothing in the history in the way of an apoplectic stroke, nor is there any implication of the heart. Neuritis is excluded by the exaggeration of the reflexes and the unilateral character of the symptoms. The usual signs of disseminated sclerosis are absent. It would be an extrordinary grouping of sclerotic foci that would cause a gradual ascending spastic paresis of one side, most pronounced in the lower limb, less so in the upper, and still less in the face. Hysteria is scarcely to be considered, because of the absence of the stigmata, the presence of the Babinski reflex and the optic atrophy.

Value of Cataphoresis in Caries of the Temporal and other Bones.—Williams (St. Paul Medical Journal, vol. iii, No. 1, 1900) (Therapeutic Gazette) writes that it sometimes happens that a necrosis of a bone will occur in a locality where a surgeon does not care to invade with instruments, or it may be that operative interference is refused by the patient, or that for a sufficient reason the surgeon may not use the knife, and reports the following case:

Some fifteen years ago H. M. came under the author's care, presenting a chronic otorrhea which had existed since babyhood. An examination revealed a slight discharge from a small mass of granulations below and posteriorly at the junction of the membrana tympani with posterior wall of the auditory canal. This case was seen by him at intervals for a number of years. The patient would be apparently well of his trouble for several months, and would then present himself for treatment. On several occasions he had attacks during which, for days, he would be almost unable to walk about, or would even be confined to his bed with dizziness and occasional nausea. At such times a thorough removal of the granulation tissue at the mouth of the sinus, at the junction of the membrana tympani and auditory canal, relieved all symptoms; which sinus led, apparently, not backward into the mastoid, but around the annulus toward the middle ear, without actually communicating with that space, inasmuch as there was no appearance of anything abnormal in the middle ear, except that the patient had a chronic aural catarrh of both sides.

Things went on this way for a number of years, until the patient was advised to submit to an operation, with a view to removal of any carious bones, and this he did. The mastoid was found to be exceedingly dense, almost eburnated, and exceedingly vascular; it was so vascular that the operation was much more tedious than such operations usually are. One does not like to use the chisel in such a locality with the excavation in the bone completely filled with blood; and because of this excessive hemorrhage the operation was abandoned at the suggestion of a physician, a relative of the patient, who was assisting. The object of the operation had been, not to open the antrum, since while there was a little sensitiveness over the mastoid region there was no suspicion of purulent accumulation in the bone, but it was desired to do what would now be called a modified Staacke, perhaps, to take away the posterior wall without seriously disturbing the membrana tympani. The effect of the operation was, for a time, most excellent, but after a while the old symptoms returned, and with new complications. The patient presented himself one day with a localized bulging of the upper and posterior segment of the membrana tympani, which to the eye and touch conveyed the impression of solidity. After some days a free incision was made in the membrana tympani over this protrusion, with much relief to the patient, who somewhat extravagantly declared that it was like living in a new world. The knife was impinged upon bare

bone, and no pus was liberated, nor was there any discharge. The incision would successively close, and would be reopened, always with great relief to the patient, who had felt oppressed with forebodings. About this time the patient complained of numbness in the extremities, of tingling in the fingers, with a queer sense of obession, and as if a weight rested on that side of the head corresponding to the diseased ear. Investigation with the point of a small knife passed through the membrana tympani disclosed a sequestrum which could be moved up and down and sideways, producing a sensation of falling, together with great dizziness.

Incising the membrana tympani freely, the external auditory canal was filled with dilute hydrochloric acid, U. S. P., and by means of a selector the electric force was turned on, using the street current of 110 volts. No milliampere was used, but the force was graduated, not by the resistance but by the sensations of the patient. The patient was able to bear, for a period of thirty minutes, a voltage of 36 to 40, and this directly through the head and arm.

These treatments were continued at intervals for several weeks; at first every day, then every other day, in order to allow the dermatitis to subside. The dermatitis produced by the acid, while it is troublesome, should not be deterrent; indeed, it may be of value by increasing the collateral circulation and thus favoring a resorptive process. The dermatitis will always be found greatest at the superior level of the acid, and may be largely controlled by anointing the sides only of the external canal with fat. A speculum of horn or rubber, or one made of ol. theobroma, and accurately fitted into the canal, would almost entirely prevent any inflammation of the skin. The membrane of the drum was not inflamed by the acid. The result of this treatment was most gratifying, for under it the necrosed bone actually disappeared. The swelling subsided, and since that time the patient has been entirely free from ear trouble on that side, save always his chronic aural catarrh. The dermatitis rapidly subsided, as did the graver symptoms of cerebral mischief.

The patient was for some time rather nervous and apprehensive; but three years later was a healthy man, stronger than ever before

Hydrochloric acid has been used by numerous surgeons for this purpose, but authorities agree, so far as is known, that its use has been without good result. The author, however, believes that the most brilliant results may be obtained in certain cases by the use of this acid cataphorically. Since using the method of acid cataphoresis in the case of H. M. he has employed it in two other cases, in which there was probably caries, but in which the dead bone could not be felt. In both these cases the results were most excellent. One was that of a young girl with recurrent abscesses over the ear, following a year after operation for removal of carious ossicles. The other was a case of chronic osteitis of the superior maxillary and nasal bones of the left side. Two operations upon the antrum had not materially relieved the swelling or inflammation of that side of

the face, which the girl of 15 said had existed as long as she could remember. Less than a dozen treatments of ten minutes each, using the dilute hydrochloric acid, about one-half strength, the anode point carried into the antrum of Highmore, produced a wonderful change for the better. So well was the girl that she was sent home after a month apparently entirely cured.

The author in all his experiments has added chloride of sodium to the acid used. The sodium salt will be decomposed by the electric force with the liberation of free chlorine; deep and foul sinuses may be rendered apparently aseptic and entirely free from odor in this way.

Electro-fanitis—A New Summer Complaint.—The approach of warm weather brings to mind some words in the Indian Lancet of November 1, 1900. That journal says:

"A new hot-weather ailment has whirled into existence. It is called 'electro-fanitis' and hails from the United States, the land of the electric fan. It is a sneezing, coughing cold in the head caused by the germ-laden breezes of the electric fan. It is almost epidemic. Unless properly cured, electro-fanitis may develop into two other diseases of the same family—tonsilitis and bronchitis. The most distressing and annoying characteristic of electro-fanitis is that it is never contracted except in hot weather, and there is nothing more distressing than a summer cold. Being caused by artificial atmospheric conditions, it is much more difficult to cure than an ordinary cold. A physician says of it: 'The principal reason why the air currents produced by electric fans so readily cause inflammation of the mucous membrane of the head is that the draughts are sudden and easily impress the system of the patient whose vitality has already been lowered by the heat. Furthermore, these currents of air are not the fresh waves of ozone which are in circulation outdoors. The artificial breezes are nothing but impure air forced into motion.'"

Diseases of the Pancreas.—Phillips (Lancet; Gaz. Med. Belge, Dec. 6, 1900) reports a case: Man, 55 years, who had suffered for a ong time from digestive troubles, which were aggravated by errors of diet. He suffered especially from light rectal hemorrhages and prostration. The sp. gr. of the urine was 1,024; this density was due to the presence of sugar. The feces had a very foul odor and analysis showed much fat. The patient died. The autopsy showed umerous small calculi in the pancreatic ducts, and this was the only atomic lesion. Priesley reported in Jour. Amer. Med. Assoc., 2 cases of acute pancreatitis following mumps. He advanced the theory that there is the greatest affinity anatomically and physiologically between the parotid and the pancreas. Here there has been either a metastasis analogous to that often carried to the testicles, or a secondary infection through the intermediary of the duodenum and the ducts of Wirsung.—J. H. A.

GENERAL ORTHOPÆDIAC AND GENITO-URINARY SURGERY.

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BOILS AND CARBUNCLES AND SOME POINTS IN THEIR TREATMENT.—Birdwood states in the Indian Medical Gazette for November, 1900 (Therapeutic Gazette) that bearing in mind the fact that the disease is probably due to a micro-organism, the following points in treatment, not generally noticed, may with advantage be considered:

1. Pay scrupulous attention to personal cleanliness of the patient. Insist, as far as possible, on frequent changes of soiled linen. Pillow-cases may easily become infected when boils are in the neck, and may thus be the source of a crop of boils.

2. When the boil first appears have the locality thoroughly shaved, then well washed with carbolic lotion, then dried and covered with a soft antiseptic pad. Bathe also with antiseptic lotion night and morning. These measures will tend to check the spread of boils in the neighborhood.

3. In a household, if one child gets a boil it is advisable to isolate him as far as possible from the other children till his boil is cured.

4. In a case of boils tell the patient to avoid washing the skin with irritating soaps, and do all you can to allay the irritable condition of prickly heat, which is in one way a predisposing cause.

5. When suppuration is established the discharge should be received on absorbent antiseptic dressings. The patient should be cautioned not to squeeze the boil himself and receive the discharge on to a handkerchief or any piece of linen, which then becomes infected and is often left lying about.

6. Spraying the boil with carbolic lotion (1-in-40) twice a day for ten to fifteen minutes, as recommended by Whitia, will do much good; also small plugs of lint saturated with pure carbolic thrust into the mouths of a carbuncle seem to accelerate suppuration and to allay irritation.

7. Birdwood has found free incision across a tense boil gives considerable relief, but most will agree with Sir J. Paget that incision of a carbuncle has nothing to recommend it. Mr. Ruston Parker's treatment of excision and scraping in some cases of carbuncle seems to have much to recommend it. It is somewhat similar to the surgical treatment of malignant pustule. Under chloroform there is

excision of the walls and free scraping out of the slough, and then the application of pure carbolic acid to the base. The cases in which this treatment is suitable are those cases of indolent chronic carbuncles with much pain and fever, and which, in old men especially, are a source of danger to life. Mr. Ruston Parker has treated sixteen such cases with the best result; not only is much relief given, but the case is quickly cured, and in some instances life has been saved.

New Method of Treating Fractures.—Leonard F. Hatch (Boston Med. Surg. Jour., March 28, 1901) (Medical News) describes a new method for treating fractures of all kinds, based upon modern surgery. The principles upon which he has based his treatment are to convert all compound fractures into simple ones, and to operate on simple fractures, making them compound, and then apply the first principle, making them simple. Fractures treated by this operative method are practically free from all pain, as both the sharp spiculæ of bone sticking into the soft parts and the swelling are avoided by the operation. In a compound fracture the wound is simply enlarged, while in simple fracture there is a point of selection for the incision. There must be the most perfect antiseptic preparation. Elevate the limb and apply a rubber constrictor. Fit a sterile posterior and anterior splint of any suitable material. The points of selection for incision are for the tibia along the crest, for the femur along the outer side of the thigh, for the radius behind the supinator longus, for the ulna along the ulna side of the arm where the bone is most superficial, for the humerus along the outer side of the arm. A good free incision should be made, all clots and *debris*, such as shreds of tissue and loose pieces of bone, should be washed out, and all bleeding points tied. Be sure that the wound is dry and see that coaptation is perfect. Apply one of the splints before closing the wound, close the wound with catgut sutures without drainage, lay a thin pad of gauze over the wound and apply the other splint and bandage quite firmly. Remove dressing on seventh or eighth day and apply ambulatory splint or plaster cast. Hatch reports in detail fifteen cases illustrating the advantages of this method of treatment and formulates the following deductions: 1 We should not be deterred from operating on fractures by fear of sepsis, and it certainly is unscientific to adopt a blind way when a better presents. 2. It would be warranted if it did nothing more than to relieve the pain and swelling, which it certainly does. 3. It shortens the repair process about one week. 4. It reduces the chances of deformity and non-union to a minimum. The writer considers the ambulatory splint the best dressing for fractures of the leg.

Radioscopic Plate Study.—K. Ludloff (Centralbl. f Chir., 1901, No. II,) (Med. News), says that for years at the Königsberg Surgical Clinic for the public demonstration and study of radioscopic pictures the negative has been found advantageous. If the audience is a large one they have used the skiopticon and reduced diaposi-

tives. Very recently the Hirschmann apparatus for the demonstration of the original plate had been most serviceable. Its details are, in brief, a box with a light portable stand, within which a star of electric lamps and several mirror plates cast the light upon a dark plate of glass. Before this rather evenly and diffusely illuminated plate the radioscopic plate is placed in frames. In a dark room with the light toned down to suit the thickness of the plate, this method brings out many wonderful details. He has found that a sharp, first-class opera-glass is a remarkable aid in studying the negatives illuminated in this way, with the observer three to ten meters away. Radiographs of large parts of the body, as pelvis, abdomen, vertebral column, etc., are reviewed as wholes much more easily without being confused by details. In the absence of this special Hirschmann appliance, the negative can be placed in a frame before a window (northern exposure always) and with the aid of curtains a good view can be had. Reduced diapositives can be advantageously studied in the same way with a common reading glass in the ordinary dark finishing room.

Burns of the X-Ray.—In the American X-Ray Journal for January E. A. Florentine, M.D., reviews the reported cases of burns from the use of the Roentgen ray. Under the term "burn" he includes all those pathological conditions resulting from application of the rays, very few of which, if any, partake of the nature of true burns. Such results may usually be avoided by proper care in the manipulation. In this regard he says: What might be called the prophylactic treatment of X-ray "burns" is the kind of treatment with which every worker in this line should best familiarize himself. This consists of using proper precautions in making all examinations. There is no known means of absolute protection, so it is best to use those that have shown some tendency to help the situation. These might be tabulated as follows:

a. Short exposures. With our present knowledge and improved apparatus we can accomplish the same results in from one-twentieth to one-thirtieth of the time required by using old apparatus. This alone materially reduces the danger of "burning."

b. Distance between the active tube and part to be exposed to be over eight inches. If we can do our work twenty-five times as fast by our modern apparatus we can increase the distance between tube and body without material loss. The advantage of this increase of distance will add to the sharpness and detail of negative.

c. In all events avoid exposing a part frequently unless you are using the rays for some therapeutical result, and then the tube should be regulated to your knowledge of effect to be produced.

d. In cases where much density is to be overcome and the exposure will necessarily be long, use a protective screen impervious to the dangerous rays. While such a screen does not afford an absolute protection, as reports show, it certainly helps to some extent.

e. The vacuum should be as high as required to get best results with shortest exposure. One of the best ways to accomplish this is to have a different tube for each part of the body, especially adapted for that part, or, on the other hand, a thorough knowledge of operating the self-regulating tube.—*Clinique.*

Results of Surgery in the Aged.—By James P. Tuttle (Journal of the American Medical Association, March 9th). In the discussion of this subject the author gives his experience in operating on the aged at the alms-house and work-house. The class, as a whole, were not well nourished subjects and the cases were not selected. He believes there are many ailments of old people amenable to surgical treatment and would be so treated in young persons, which are left alone on account of fear of operation or anesthetic. He thinks in every case that is liable to be fatal without operation, all other considerations should be laid aside and the procedure which promises the best chance of prolonging life undertaken. He observes that sprightly, energetic, ambitious old people, who are well preserved, stand operation much better than wrinkled, dried-up old people, who are not so well preserved.

The condition of the heart, in determining on surgical operations, is not so important as the laity believe. Organic valvular diseases, unless most marked, do not contraindicate operation; fatty heart and degeneration of the muscles should be distinctly ruled out. The appearance of a small amount of albumen, or an occasional hyaline cast in the urine of old people is not of any great import. Results: Tuttle operated on one hundred and thirty-one cases, in persons over sixty years, with but three deaths—two from pneumonia and one from Bright's disease.

The character of the operations were mostly in the class of major operations.

Thirty-four cases of hernia, thirty-five cases of hemorrhoids, two cases of appendicitis, two of resection of intestine, both of these being in persons seventy years of age, in one over twenty-one inches of small intestine removed. Of the anesthetics given ether was used lightly three times, chloroform thirteen times and cocaine thirty times. He considers time an essential element of success in operating. Shock was almost absent in a large majority of cases operated upon.

Had Been There.—As a lady entered a crowded street car the other night an old man, holding a little boy on his lap, arose and offered her his seat.

"Oh, no, keep your seat, thank you," replied the lady, "and hold your boy."

"Oh, that's different," replied the old man, who was slightly deaf. "I had to stand up five days once myself with a boil. I'm sorry for you." And he resumed his seat amid the roar of laughter which followed.—*Exchange.*

OBSTETRICS AND GYNÆCOLOGY.

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TREATMENT OF METRITIS.—After an exhaustive exposition of various forms of treatment, M. L. Beurnier (Amer. Gyn. and Obst. Jour.) states his own opinions as follows: 1. Acute metritis should be treated by absolute rest, poultices or ice over the abdomen, glycerin or vaselin tampons and hot douches until acute symptoms subside. Then the methods employed for chronic metritis should be substituted. The chief danger is not from the metritis, but from complicating unilateral or bilateral suppurative salpingitis. In such a case the abdomen should not be opened. Dilatation of the cervex, preferably gradual unless an urgent case, followed by intrauterine irrigations and dressings alone, are permissible and usually cause evacuation of the tubal contents. The diseased appendages generally require removal later when the acute attack has passed, though occasionally no subsequent intervention is necessary. 2. Hemorrhagic metritis can be treated satisfactorily by no other means than curettage. The patient should always be warned that, in spite of this and prolonged cauterizations, irrigations and dressings, recurrences are frequent. Simple chronic metritis should be treated by gradual thorough dilatation, irrigations and intrauterine applications, preferably of pure tincture of iodine, nitrate of silver, chromic acid, chloride of zinc, etc. Protracted treatment is essential. 4. Chronic purulent metritis usually yields to the same measures, but when the parenchyma of the uterus is completely invaded by the inflammatory process, especially for a long time, it is necessary to remove a uterus which is irrevocably diseased and can never perform its functions. 5. Electricity has not yet given sufficient results to recommend its use in any but exceptional cases. The treatment by bromine vapor has not been established. 6. Amputation, Schröder's operation, or other surgical treatment of the cervix is often necessary to secure permanent results, as the cervical lesions are generally too deep to be reached by applications or the curette. 7. Virginal metritis should be treated by intracervical or intrauterine instillations of pure tincture of iodine or 1:50 silver nitrate solution. 8. Diathetic me-

tritis demands improvement of the general condition in addition to the usual measures. 9. The curette is intended for retained placenta and hemorrhagic fungosities only; in simple or purulent chronic metritis it is inefficient and may cause severe complications. 10. A uterus which has once been the seat of metritis is always subject, though cured, not to a relapse, but to a fresh inflammation. 11. After surgical cure of metritis two or three seasons at a dydrotherapeutic resort are of great advantage. 12. General treatment by purgatives, laxatives, intestinal antiseptics, tonics, antispasmodic and antineurasthenic remedies must never be neglected. Sea baths are advisable.

Secondary Post-Partum Hæmorrhage.—On the 25th of January, 1901, at 5 p. m., I attended, in confinement, a woman of evident good health, and she gave birth to a healthy girl. The placenta came away in a few minutes on my executing Credé's method, whole and sound. There were no afterpains. The patient spent twelve days in bed, having a normal pulse and temperature—in fact, in every way in fine physical condition. I saw her as often as possible during that period, and there were no signs of any fever, nor were the lochia decomposed. Certainly I had no cause to be suspicious of any foreign substance in the uterus. On the thirteenth day after her confinement, at 11 p. m., while passing urine, she filled a pot with blood. Being called in, I stopped the hæmorrhage by injecting hot water and packing the vagina with absorbent cotton. The patient slept comfortably that night and felt well the next day. Still keeping to her bed, she had a good appetite and showed no indications of further trouble. She passed the next night comfortably also, but at 6:30 a. m., upon her awakening, due to the cry of the baby, hæmorrhage occurred again, and pretty nearly filled a zinc douche-pan with blood. As a consequence the patient became extremely weak and heart failure threatened. Stopping the hæmorrhage again, at the same time I sought for its cause; but, on exploring the uterine cavity, I found no evidence of retained placenta or decidua, but intra-uterine hæmorrhage. On my curetting the uterus, the hæmorrhage ceased, and I packed the uterus partly, and the vaginal canal wholly, with iodoform gauze. There were no signs of inflammation either on the cervix or in the vagina, but the cervix was well dilated. Upon external palpation, the uterus was flabby and enlarged. I kept the patient in bed and treated the anæmia. The pulse was scarcely perceptible to the touch and there were signs of impending death, so that I gave up hope for the life of the patient. A colleague, who was called in, injected, hypodermically, a twelfth of a grain of strychnine, together with a twentieth of a grain of digitalin, taking no cognizance of previous injections of a thirtieth of a grain of strychnine and ten minims of ether, every five minutes for nearly two hours and a half, which failed to do the work. This seemingly lethal dose of strychnine, combined with digitalin, fortunately brought the pulse up, and after that the patient improved

rapidly, and completely recovered in two weeks. Our first day's treatment was by rectal injections of normal salt solution every two hours. Ergot was given every two hours, and strychnine, hypodermically, a sixtieth of a grain, for the first six hours, and every two hours afterward by the mouth, together with champagne, milk, brandy, and cracked ice. Ice was applied to the pelvic region, and hot bottles were put to the feet. The use of ergot was discontinued the next day.

I make frequent visits to this patient, and find her in a good, healthy condition. The cause of the hæmorrhages is still a question to us. The diagnosis I made of this peculiar case was that of subinvolution, but if a gentleman of the profession will give a different diagnosis. I shall be glad to learn.—P. M. Miller, M.D., in *N. Y. Med. Jour.*

Pregnancy Following Removal of Both Ovaries and Tubes.—Morris (Boston Medical and Surgical Journal, vol. cxliv, No. 4, 1901) (Therapeutic Gazette), reports the following case :

Mrs. J. A. G. came under his care about May 1, 1898, on account of dysmenorrhea. Vaginal examination revealed a slight laceration of the cervix, and a small amount of discharge from its glands. The uterus was anteverted and fixed, so that it was immovable laterally, but movable to a limited degree anteroposteriorly. The body was moderately tender. On the right of the uterus was apparently a cystic ovary, and a thickened tender tube; on the left there was a thickened tender tube, but the ovary was not felt. There were no bladder symptoms. Hot vaginal douches were ordered, and three weeks later, under ether, the uterus was dilated and curetted, with the hope of improving her condition before opening the abdomen. The operation was followed by marked relief of her symptoms for about two months. On July 18 she entered the Carney Hospital for the abdominal operation.

The abdomen was opened, and numerous adhesions found between the ovaries, tubes and surrounding parts. A very long appendix was adherent by its tip, and released. The right ovary contained a cyst as large as a hen's egg, and the left ovary a hematoma nearly as large as the cyst. The ovaries and tubes were tied off with silk quite close to the uterus and removed; the abdominal wound was closed with silkworm-gut. The patient made a rapid recovery.

She began to menstrute soon after the operation, and continued to do so regularly and painlessly for about four months. The dyspareunia disappeared, and her sexual appetite became normal. In May, 1899, she consulted the author on account of morning sickness, nausea, cardialgia, and also abdominal enlargement, and was anxious to know whether she had a tumor. An examination showed clearly that she was pregnant. On September 12, 1899, she was delivered, after a natural labor, of a healthy girl. About two or three weeks after confinement her baby died, and soon after that she menstruated, and has continued to do so regularly and normally since.

Among the cases previously published is one by Dr. George J. Engelmann, formerly of St. Louis, now of Boston. In this case pregnancy followed a double ovariotomy in which the right tube was left intact. A microscopic examination made of the specimen later showed that some ovarian tissue had been left.

Regarding supernumerary ovaries Garrigues, quoting Biegel, says: "Supernumerary ovaries have been found twenty-three times in 500 bodies. In a case reported by Winckel there were three ovaries and three ovarian ligaments. Regarding the passage of the ovum into the uterus, a ligature may have dropped off, leaving the stump of the tube open, or there may have been another ostium between the ligature and the uterus. In a case of the author's, operated on seven years ago, there was a Fallopian tube with two ostia, each surrounded by fimbriæ. The condition escaped his notice at the time, and was afterward pointed out to him by Dr. H. R. Fitz.

Early Diagnosis of Ectopic Gestation.—Dr. A. F. Currier read a paper on this subject before the New York Medical Association, April 18, 1901. He said that rupture of the tubal tumor usually occurred before the end of the first three months. Of the ordinary symptoms of pregnancy, one should note the enlarged veins and papillæ of the breasts, the darkened areola, the blueness of the vagina, and the softness of the cervix. The presence of retroflexion, sterility, dislocation or twisting of the Fallopian tubes, all favored the occurrence of ectopic gestation. The most important sign was hemorrhage, which occurred earliest in cases in which the gestation was situated near the distal extremity of the tube. A fœtal sac at the fimbriated extremity rarely went on longer than the end of the first month, without rupture. In other situations, rupture usually occurred between the sixth and twelfth weeks. Next to bleeding as a diagnostic symptom was sharp, darting pain in the abdomen. The third diagnostic point was the presence of a tumor, and this could be best determined by axamination under an anæsthetic. The passing of decidual membrane from the vagina, and hemorrhage from the uterus, were not constant, and were of doubtful importance. The diagnosis of tubal gestation was not always conclusive even after the abdomen had been opened. Without a decidua, whether within the uterus or within the tube, there could be no gestation.

Dr. Mundé said that he had never seen a case in which twists of the Fallopian tube had produced a hæmatosalpinx; hence the interest attaching to Waldo's report of two such cases. He had ordinarily not found it very difficult to make a diagnosis of ectopic pregnancy up to the third month, provided there was a reasonably clear history. After rupture, the diagnosis was certainly not difficult in most instances. Cases were cited to show the difficulties of diagnosis in certain classes of cases. In a tubal abortion the hemorrhage was slower and the symptoms consequently were less urgent than in rupture of the tube in its calibre.

Dr. Bache Emmet touched upon the pathology of ectopic gestation, commenting upon the present tendency to seek for the first changes in the mucous membrane rather than in the peritoneum. It was probable that a gonorrhœa was often responsible for the first changes in the mucous membrane, which eventually led to obstruction of the calibre of the tube. There were possibilities of error in diagnosis, arising from various forms of flexion or version of the uterus.

Diagnosis of Extra Uterine Pregnancy.—Dr. Janvrin said that fourteen years ago he had read a paper on this very subject of the early diagnosis of extra-uterine pregnancy, and had reported a case in which he had diagnosed a tubal pregnancy in the first few weeks and had treated it by three applications of the galvanic current. Shortly after the third application of electricity the patient had suddenly gone into collapse and died, and the post-mortem examination had shown that rupture of one artery supplying the gestation sac had been the cause of the fatal hemorrhage. Since then he had given this subject much study, and had recommended an exploratory laparotomy, though not knowing at that time that the operation had been advised in these cases previously. Irregular menstruation, colicky pains in the abdomen, and an extremely tender tumor outside of the uterus were the chief diagnostic points before rupture. It was a question whether many cases reported as tubal abortions were not really examples of the class of cases reported by Dr. Waldo this evening. He had never met with any case of twisting of the Fallopian tube. Twisting of this tube should cause more or less twisting of the broad ligament, and was certainly a most remarkable condition, and one difficult of explanation.

Symptoms of Extra-Uterine Pregnancy.—Dr. E. H. Grandin said that when the symptoms of extra-uterine pregnancy, such as had been outlined in Dr. Currier's paper, were present, it should be an easy matter to make the diagnosis. He had seen a fairly large number of cases, yet he must admit it had ordinarily been a matter of guesswork. From the middle of last August to the present time he had operated upon seven cases of extra-uterine pregnancy. In six of the cases the belly had been full of clots; in the seventh, the blood in the peritoneal cavity had come from the rupture of a large Graafian follicle. In none of these cases had there been enlargement of the uterus; in one there had been a decidua, the only case of the kind that he had met with in all the cases of ectopic gestation that he had seen. In these cases he had guessed at the diagnosis because of irregular menstruation, colicky pains, and the presence of a tender mass at the side of the uterus, and he had confirmed the diagnosis by posterior vaginal section. He was of the opinion that every woman who presented symptoms which were at all atypical as regards the menstrual period, and which were associated with a "green-apple colic," should be subjected to a pos-

terior vaginal section. If this were done aseptically the woman would be none the worse for it, and if blood and clots were not evacuated an opportunity would be afforded for palpation of the uterus and its appendages.

Dr. H. J. Boldt said that he had been unable to find evidences of ectopic gestation in two or three cases of hæmatosalpinx that he had had, but he could not conceive how it was possible for the Fallopian tube to undergo twisting, either alone or with the broad ligament. It had been maintained by some that a salpingitis played no role whatever in the production of ectopic pregnancy. He had himself met with recurrent ectopic gestation five times, and in each one of these five patients he had demonstrated at the first operation the existence of an inflammatory condition of the other Fallopian tube. Hoping that this would disappear spontaneously he had allowed the tube to remain, with the result that the tube had become the seat of an ectopic gestation within a year. He personally believed that salpingitis did play an important part in the production of tubal gestation. He had seen in tubal rupture periodical discharges of blood, though the rule laid down by Dr. Mundé regarding the relative profuseness of the hemorrhage in this and in tubal abortion generally held good. Some patients gave a typical history of ectopic gestation, and the local condition seemed to confirm this, and yet operation showed that there was no ectopic pregnancy present.

Birth After Death—A Medico-Legal Question.—A curious case is being investigated in the courts of one of the southwestern counties of Virginia, according to newspaper reports. A wife who was pregnant died and was buried. Some days afterwards suspicion of murder by the husband was so strong that the body was exhumed for examination. On opening the coffin an infant was found between the thighs of the dead woman, as if it had been born after death. It is stated by those who had charge of her body preparatory for the burial that the infant was not there before the coffin was sealed. Such sensational statements are being made about the case in the newspapers as we go to press that we are not prepared to vouch for the facts. Various hypothoses have been suggested in explanation of a birth after death. But we are not willing to commit ourselves to an opinion until a more definite and reliable statement is made. In the few medico-legal volumes that we have had opportunity to examine in haste we find no allusion to such a case. Is this something entirely unique, or are newspaper reports of the case reliable? —*Va. Med. Semi-Mo.*

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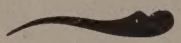

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